

Bunbury Medical Practice

Quality Report

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Date of inspection visit: 11 October 2016

Website: www.bunburymedicalcentre.gpsurgery.net Date of publication: 28/11/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bunbury medical Practice on 11 October 2016.

Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There were systems in place to reduce risks to patient safety, for example, infection control procedures and the management of staffing levels. Improvements were needed to ensure safety checks at the premises took place. We also identified improvements that should be made to improve the safety of the service.
- Staff understood their responsibilities to raise concerns and report incidents and near misses. Changes had been made to the management of significant events as a result of this inspection and these need to be reviewed to ensure they are effective.
- Staff spoken with knew how to identify and report safeguarding concerns. Improvements were needed to the system for recording safeguarding alerts as this process lacked consistency. The system for ensuring GPs provided reports for child safeguarding meetings needed to be reviewed as we identified a response had not been made to a request.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff told us they felt well supported. The records of staff training did not demonstrate that all staff had received the training they required for their roles.
- Patients were positive about the care and treatment they received from the practice. The National Patient Survey July 2016 showed that patients' responses about whether they were treated with respect, compassion and involved in decisions about their care and treatment were comparable to local and national averages.

Summary of findings

- Services were planned and delivered to take into account the needs of different patient groups.
- The National GP Patient Survey results showed that patient's satisfaction with access to care and treatment was above or in line with local and national averages.
- Information about how to complain was available. There was a system in place to manage complaints.
- There were systems in place to monitor and improve quality and identify risk.

However there were areas of practice where the provider must make improvements:

- The provider must ensure the premises are safely maintained.
- The provider must improve their governance systems to ensure that clear records are maintained of the training staff have undertaken and effective systems are in place for the management of significant events and ensuring reports are provided for child safeguarding meetings.

The areas where the provider should make improvements are:

- The system for ensuring alerts are placed on computer records to indicate any concerns about patients' welfare should be improved.
- Maintain a complete record of which clinician pre-printed prescriptions have been allocated to.
- A system should be put in place to identify the medication to be held in GPs bags and to record that it has been checked and is available and in date.
- The induction records should be more comprehensive to reflect the detail of the information provided.
- A documented risk assessment should be put in place to demonstrate why a Disclosure and Barring (DBS) check is not required for staff who act as chaperones.
- Staff recruitment records should contain two references and evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services. An electrical wiring inspection and a legionella risk assessment had not taken place to demonstrate the premises were safe. A health and safety risk assessment of the premises had not been completed. Records of training did not indicate that all staff had completed information governance, health and safety, adult safeguarding, child safeguarding, basic life support or fire safety training. The system for ensuring GPs provide reports for child safeguarding meetings needed to be reviewed as we identified a response had not been made to a request. Following the inspection we were informed of action taken to improve this process. We found that the management of significant events needed review to ensure there was a clear recording system detailing the event, investigation, action to be taken and a review to ensure the action has been carried out. Following the inspection we were informed of action taken to improve this process.

The system for ensuring alerts were placed on computer records to indicate any concerns about patients' welfare should be improved as we identified inconsistency in approach in this area. We found that although safety alerts were disseminated and examples could be given of actions taken this was not recorded. A record was not maintained of which clinician pre-printable prescriptions were allocated to. A system was not in place to identify the medication to be held in GPs bags and to record that it had been checked and was available and in date. A documented risk assessment was not in place to demonstrate why a Disclosure and Barring (DBS) check is not required for staff who act as chaperones.

There were systems in place to reduce risks to patient safety, for example, infection control procedures and the management of staffing levels.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Clinical staff referred to guidance from the National Institute for Health and Care Excellence (NICE). Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared. Audits of clinical practice were undertaken. Staff received an annual appraisal. Staff told us they felt well supported and they had received training appropriate to their roles. The system for identifying the training needs of staff and ensuring that all staff

Good



Summary of findings

undertook the training they required for their roles needed improvement. Improvements should be made to the induction records to ensure they provide a fuller account of the training provided.

Are services caring?

The practice is rated as good for providing caring services. We saw that staff treated patients with kindness and respect. Patients spoken with and who returned comment cards were positive about the care they received from the practice. They commented that they were treated with respect and dignity and that staff were caring, supportive and helpful. Patients felt involved in planning and making decisions about their care and treatment.

Good



Are services responsive to people's needs?

The practice is rated good for providing responsive services. Services were planned and delivered to take into account the needs of different patient groups. Access to the service was monitored to ensure it met the needs of patients. The practice had a system in place to suitably manage and respond to complaints made about the service.

Good



Are services well-led?

The practice is rated requires improvement for providing well-led services. There were systems in place to monitor the operation of the service, however we found improvements were needed to the governance systems. Records of the checks of premises did not indicate that a legionella risk assessment or electrical wiring inspection had taken place. Training records did not reflect that all staff had been provided with the training they needed for their roles. The system for the management of significant event and requests for reports for safeguarding meetings was not robust. We also found that improvements should be made to records and safety systems to improve the operation of the service.

Staff felt supported by management. The practice held regular governance meetings. The practice sought feedback from staff and patients, which it acted on. The practice had a focus on continuous improvement.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. The issues identified as requires improvement overall affected all patients including this population group.

However, the practice kept up to date registers of patients' health conditions and used this information to plan reviews of health care and to offer services such as vaccinations for flu and shingles. The practice worked with other agencies and health providers to provide support and access specialist help when needed. Multi-disciplinary meetings were held to discuss and plan for the care of frail and elderly patients. The practice was working with neighbourhood practices and the Clinical Commissioning Group (CCG) to provide services to meet the needs of older people. The practice shared a daily ward round at Tarporley War Memorial Hospital with its neighbourhood practices. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits. A dispensary repeat prescription delivery service was provided on a weekly basis to patients unable to collect their medication. The dispensary reviewed medication requests to identify patients unintentionally ordering incorrect amounts of medication, such as patients exhibiting signs of confusion. The practice prioritised patients who may be at risk of poor health due to frailty. Following a medical event such as unplanned hospital attendance the medical needs of these patients were reviewed to identify what could be put in place to prevent future ill-health or hospital admission.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The issues identified as requires improvement overall affected all patients including this population group.

However, the practice held information about the prevalence of specific long term conditions within its patient population such as diabetes, chronic obstructive pulmonary disease (COPD), cardiovascular disease and hypertension. This information was reflected in the services provided such as screening programmes and vaccination programmes. The practice had a system in place to ensure patients received reviews of long term conditions. Quality and Outcome Framework (QOF) data 2014 -2015 showed the practice was performing in-line with other practices at a local and national level in the monitoring of long term conditions. Telehealth

Requires improvement



Summary of findings

(using technology to deliver health services) was used to monitor some patients with long term conditions. The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice worked with other agencies and health providers to provide support and access specialist help when needed. A range of services were based at the practice to promote the well-being of patients with long term conditions which patients could be referred into, for example, educational courses for the management of diabetes.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The issues identified as requires improvement overall affected all patients including this population group.

However, child health surveillance and immunisation clinics were provided. Immunisation rates were relatively high for all standard childhood immunisations. Appointments for young children were prioritised. Minor illness clinics with the nurse practitioner were also provided. Appointments were available outside of school hours and the premises were suitable for children and babies. Midwives ran clinics at the practice which enabled good communication. Family planning and sexual health services were provided. The GPs liaised with other health care professionals, such as health visitors to ensure the needs of vulnerable children were addressed.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The issues identified as requires improvement overall affected all patients including this population group.

However, the practice offered pre-bookable appointments, book on the day appointments and telephone consultations. Patients could order repeat prescriptions and book some appointments on-line which provided flexibility to working patients and those in full time education. The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients. The practice had recently agreed to trial opening the practice at 7am to improve access to the working population. The dispensary was open from 8.30am to 6.30pm and was closed for one hour each day in the afternoon to allow for complex medication requests to be managed. An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice website

Requires improvement



Summary of findings

provided information around self-care and local services available for patients. The practice offered health promotion and screening that reflected the needs of this population group such as cervical screening, NHS health checks, smoking cessation advice and family planning services. The practice ran a men's health clinic for men over 50 to meet the needs of isolated males, such as farmers. A minor injury service was also provided which included suturing. Reception staff sign-posted patients who do not necessarily need to see a GP. For example to services such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The issues identified as requires improvement overall affected all patients including this population group.

However, patients' electronic records contained alerts for staff regarding patients requiring additional assistance. For example, if a patient had a learning disability to enable appropriate support to be provided. The practice worked with health and social care services to support the needs of vulnerable patients. Services for carers were publicised and a record was kept of carers to ensure they had access to appropriate services. A member of staff was the carer's link. The practice referred patients to local health and social care services for support, such as drug and alcohol services. GPs worked with an in-house alcohol counsellor doing joint consultations and support for home detoxification as needed. Staff told us they had received safeguarding training relevant to their role and they understood their responsibilities in this area however training records did not indicate that all staff had received this training.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated requires improvement for the care of people experiencing poor mental health (including people with dementia). The issues identified as requires improvement overall affected all patients including this population group.

However, the practice maintained a register of patients receiving support with their mental health. Patients experiencing poor mental health were offered an annual review. Longer appointments were also offered. Planned and opportunistic screening for dementia took place to assist with early diagnosis. The practice worked with multi-disciplinary teams in the case management of people

Requires improvement



Summary of findings

experiencing poor mental health, including those with dementia. The lead GP for mental health attended meetings with the CCG to keep up to date with best practice and influence local provision. The partner GPs had completed recent training to assist them in their care and treatment of patients experiencing poor mental health. The dispensary staff monitored daily medication for high risk patients to reduce the risk of overdose. The practice referred patients to appropriate services such as psychiatry and counselling services. There was a counsellor located at the practice that the clinicians could refer patients to. The practice had information in the waiting areas about services available for patients with poor mental health. For example, services for patients who may experience depression. The staff team had received training in dementia awareness to assist them in identifying patients who may need extra support.

Summary of findings

What people who use the service say

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that the practice was performing above or in-line with local and national averages. The practice distributed 217 forms, 116 (53%) were returned which represents approximately 2% of the total practice population. The results showed:-

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 97% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 80% of patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 58% and national average of 59%.
- 95% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.

- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. We spoke with seven patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy. Feedback from patients indicated they were able to get an appointment when one was needed, they could get through to the practice easily by telephone and that they were happy with opening hours.

Areas for improvement

Action the service **MUST** take to improve

- The provider must ensure the premises are safely maintained.
- The provider must improve their governance systems to ensure that clear records are maintained of the training staff have undertaken and effective systems are in place for the management of significant events and ensuring reports are provided for child safeguarding meetings.

Action the service **SHOULD** take to improve

- The system for ensuring alerts are placed on computer records to indicate any concerns about patients' welfare should be improved.

- Maintain a complete record of which clinician pre-printed prescriptions have been allocated to.
- A system should be put in place to identify the medication to be held in GPs bags and to record that it has been checked and is available and in date.
- The induction records should be more comprehensive to reflect the detail of the information provided.
- A documented risk assessment should be put in place to demonstrate why a Disclosure and Barring (DBS) check is not required for staff who act as chaperones.
- Staff recruitment records should contain two references and evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake.

Bunbury Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a CQC pharmacist specialist and a GP specialist advisor.

Background to Bunbury Medical Practice

Bunbury Medical Practice is responsible for providing primary care services to approximately 5019 patients. The practice also dispenses medication. The practice is situated in Vicarage Lane, Tarporley in East Cheshire. The practice is based in an area with lower levels of economic deprivation when compared to other practices nationally. The practice has a predominantly rural community. The practice has an average number of patients with a long standing health condition when compared to other practices locally and nationally.

The staff team includes three GP partners and one salaried GP. An advanced nurse practitioner, two practice nurses, a health care assistant, a phlebotomist, dispensary staff, a practice manager and administration and reception staff. Two GPs are female and two are male. The nursing staff, phlebotomist and health care assistant are female. The practice provides training to GP registrars and medical students and had one GP registrar and one medical student at the time of the inspection. The practice manager had been in post since June 2016.

The practice is open 8am to 6.30pm Monday to Friday. The dispensary was open from 8.30am to 6.30pm and is closed for one hour each day in the afternoon to allow for complex medication requests to be managed. An extended hour's

service for routine appointments and an out of hour's service are commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The majority of patient facilities are on the ground floor. There is a lift available to access the first floor of the building. The practice has a large car park for on-site parking.

Bunbury Medical Practice has a Personal Medical Services (PMS) contract. The practice offers a range of enhanced services including, minor surgery, timely diagnosis of dementia, near patient testing for warfarin control, learning disability health checks and influenza and shingles immunisations.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

Detailed findings

- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before our inspection we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. We carried out an

announced inspection on 11 October 2016. We sought views from patients face-to-face and reviewed CQC comment cards completed by patients. We spoke to clinical and non-clinical staff. We observed how staff handled patient information and spoke to patients. We explored how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

When referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at the time of inspection.

Are services safe?

Our findings

Safe track record and learning

Records showed that six significant events had been recorded in the last 12 months. Some of these events related to external agencies and therefore there was no internal action to be taken. One event related to the practice directly and appropriate action had been taken to minimise the risk of a future occurrence. One related to how the team had managed the collapse of a patient. We did not see a recording template for any of the significant events that showed it was documented at the time it was identified. Clinical and non-clinical staff spoken with told us that they reported significant events to the practice manager. We were told these were reported verbally. The written policy on the management of significant events provided no definition as to what constituted a significant event. Following our visit the practice manager provided confirmation that the procedure for the management of significant events had been revised and a significant event recording form had been introduced. Staff training had also been planned to ensure staff were familiar with the procedure and reporting form.

We did not see written information to demonstrate how learning from significant events was shared, for example, through meeting minutes. Staff told us that any actions to be taken following significant events were discussed at team meetings or via email. A review of the action taken following significant events was not formally carried out and documented. The practice manager had been in post for three months and had identified that significant events needed to be discussed at every team meeting and they had developed a standard agenda to enable this. Staff confirmed that in the last two months they had begun to have clinical and administrative lead meetings where significant events would be discussed and minuted.

Medicines incidents or 'near misses' were recorded for learning but dispensary meetings had been held infrequently. This meant that dispensary staff had fewer opportunities to discuss dispensary matters or concerns with the GP Lead or Practice Manager. However, dispensary staff told us that these would happen quarterly now a new practice manager was in post.

We discussed the management of patient safety alerts with the clinical staff and the practice manager. It was reported that there was a system in place for the management of patient safety alerts and we were given examples of the action taken however a record was not made of this.

Overview of safety systems and processes

- Staff spoken with knew who to report any safeguarding concerns about children and vulnerable adults to and they knew who had the lead responsibility for this at the practice.

The practice had child safeguarding policies and procedures for staff to refer to. There was no safeguarding vulnerable adult procedure for staff to refer to. This was addressed following the inspection. Contact numbers of safeguarding agencies were displayed for children but not for adults. This was addressed following the inspection. The staff spoken with demonstrated they understood their responsibilities in relation to safeguarding. However the training records did not indicate that all staff had received training in safeguarding vulnerable adults or safeguarding children appropriate for their role. Records showed some nursing staff had not completed level 2 and one GP had not completed level 3 safeguarding children training.

The system for ensuring GPs provide reports for child safeguarding meetings should be reviewed as we saw that a response had not been made to an invitation to a child safeguarding meeting and no information had been provided by the practice. The safeguarding lead reported that very few requests were made. The system for ensuring alerts were placed on computer records to indicate any concerns about patients' welfare should be improved. We saw that an alert had been placed on a child's notes but this could only be viewed during a consultation and was not visible to other staff for example, when booking an appointment. We also saw that alerts had not been placed on the records of two vulnerable adults. The safeguarding lead GP liaised with the health visiting service and met with them every week to discuss any concerns about children and their families and how they could be best supported

- Patients were informed that a chaperone was available if required. The practice nurses, health care assistant and some reception staff acted as chaperones and they

Are services safe?

had received guidance about undertaking this role. A Disclosure and Barring Service (DBS) check had been undertaken for the all staff who acted as chaperones apart from two administrative staff who occasionally carried out this role. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. A documented risk assessment was not in place to demonstrate why a Disclosure and Barring (DBS) check was not required for staff who act as chaperones.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We noted that the fabric covered chairs in some consulting rooms and in the waiting area may be difficult to effectively clean and we brought this to the attention of the practice manager to assess. The advanced nurse practitioner was the infection control clinical lead and they told us they had completed appropriate training and liaised with the local infection prevention teams to keep up to date with best practice. Clinical and non-clinical staff spoken with told us they had received training in infection control. Infection control audits were undertaken with the last one completed in September 2016. The practice employed a cleaning company who had a schedule of the cleaning work to be undertaken. The practice manager carried out checks to ensure standards were being maintained.
- We reviewed the personnel files of three staff who had been recruited within the last 12 months. Records showed that although most of the required recruitment information was in place improvements were needed. Two records contained only one reference and there was no evidence of information having been gathered about any physical or mental conditions which were relevant (after reasonable adjustments) to the role the person was being employed to undertake. A DBS check was also not available for a clinical member of staff, although we saw evidence that this had been applied for. We looked at the records of three GPs and found only one record contained evidence of a DBS check. Following our visit we were sent confirmation that one GP had a satisfactory DBS check and confirmation that a DBS check had been requested for the remaining GP. A template for recording information relating to physical

and mental health was also made available following the inspection. A system was in place to carry out periodic checks of the Performers List, GMC and NMC to ensure the continued suitability of nursing staff.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice overall kept patients safe. Records of checks of emergency medication were maintained by the nursing staff. Vaccines were securely stored, were in date and we saw the refrigerators were checked daily to ensure the temperature was within the required range for the safe storage of vaccines. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescriptions were held securely however there was no record as to which clinician they had been allocated to. We were informed that a system had been put in place to address this following the inspection. There was no practice oversight of the medication held within GPs bags and no consistent system to record that what is held has been checked to ensure it is available and in date. We found one medication in one GPs bag was out of date. Following the inspection we were informed that reminders had been put in place to enable checks of medication held in GP bags.
- The medication dispensary was managed safely. The practice had a system in place to assess the quality of the dispensing process and had signed up to the Dispensing Services Quality Scheme. There were standard operating procedures in place and dispensing staff had been appropriately trained. There were safe and effective processes for the management of prescription changes and medication reviews. The medicines manager and prescribing lead engaged actively with the local Commissioning Support Unit (CSU) and completed the required medicines monitoring activities to promote the safe and effective use of medicines.

Monitoring risks to patients

- There was a health and safety policy available with a poster displayed for staff to refer to. A health and safety risk assessment of the premises had not been completed. Independent contractors checked fire safety equipment to ensure it was in satisfactory working order. In-house checks of the fire alarm took place. The

Are services safe?

practice manager told us that the emergency lighting was also checked, however there was not a consistent record of this. A fire drill had been carried out within the last 12 months however not all staff had been involved in this. Training records showed not all staff had completed fire safety training although staff told us they had completed this.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice did not have a risk assessment in place for legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, control measures were in place such as the daily running of water outlets. An up to date inspection of the safety of the electrical installation at the premises had not been carried out. Following the inspection we were informed that a companies specialising in electrical wiring inspections, health and safety assessments and legionella risk assessments had been approached to undertake these assessments.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

We were informed that all staff had received basic life support training. However this was not fully reflected in the records of training. The practice had a defibrillator and oxygen available on the premises which was checked to ensure it was safe for use. There were emergency medicines available which were all in date, regularly checked and held securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. All relevant staff had access to this plan to ensure a timely response in the event of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff we spoke with told us they used best practice guidelines to inform their practice and they had access to National Institute for Health and Care Excellence (NICE) guidelines on their computers. We were shown a number of templates used in the assessment of patients' needs and for care planning, for example for palliative care and chronic long term conditions and these were comprehensive and reflected best practice. GPs, the advanced nurse practitioner, practice nurses and health care assistant attended training and educational events provided by the Clinical Commissioning Group (CCG). GPs we spoke with confirmed they used national standards for the referral of patients for tests for health conditions, for example patients with suspected cancers were referred to hospital to ensure an appointment was provided within two weeks. Reviews took place of prescribing practices to ensure that patients were provided with the most appropriate medications.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. Current results (data from 2014-2015) showed the practice had achieved 100% of the total number of points available which was comparable to local (96%) and national (95%) averages. The practice had a 4% exception reporting rate in the clinical domain (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects) which was below the CCG (8%) and national (9%) averages. Data from 2014-2015 showed that outcomes were comparable to other practices locally and nationally:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 91% compared to the CCG average of 84% and the national average of 84%.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 72% compared to the CCG average of 73% and the national average of 75%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 86% compared to the CCG average of 83% and the national average of 81%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to the CCG average of 89% and the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 92% compared to the CCG average of 89% and the national average of 90%.

The practice carried out audits to monitor the quality of service provided. We saw an audit of Simvastatin related medication interactions which had resulted in changes to prescribing practices. An independent GP had reviewed patients with atrial fibrillation which had resulted in medication changes. A dementia case review audit was completed which identified a new dementia diagnosis. The practice had also carried out an audit of infection rates after minor surgery which indicated there were no infections. The GPs we spoke with told us that the findings from audits were shared across the clinical staff team.

Staff worked with other health and social care services to meet patients' needs. The practice had multi-disciplinary meetings to discuss the needs of patients with complex and palliative care needs. A meeting was also held with the health visiting service to review the needs of children where concerns had been identified.

Effective staffing

- The practice had an induction programme for new staff. This was a general induction that covered practice policies and procedures, safe working practices, safeguarding and significant event reporting. The induction record did not reflect the detail of the information provided.

Are services effective?

(for example, treatment is effective)

- Locum GPs were provided with information they needed for their role and a locum pack was in place providing written information and sign posting to support this.
- An appraisal system was in place and all staff had an annual appraisal. Staff told us they felt well supported and had access to appropriate training to meet their learning needs and to cover the scope of their work. Doctors had appraisals, mentoring and facilitation and support for their revalidation.
- Clinical and non-clinical staff told us they were provided with specific training dependent on their roles. Clinical staff told us they had received training to update their skills such as cytology and immunisations and that they attended training events provided by the Clinical Commissioning Group to keep up to date. The training records did not reflect role specific training undertaken such as minor surgery and cytology.

Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. There were systems in place to ensure relevant information was shared with other services in a timely way, for example when people were referred to other services and the out of hours services.

Consent to care and treatment

We spoke with clinical staff about patients' consent to care and treatment. We found that when providing care and treatment for children and young people, assessments of capacity to consent were carried out in line with relevant guidance. Clinical staff spoken with confirmed they had received guidance and training about the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

However, the staff training records did not indicate if all clinical staff had received formal training in this area. Consent forms were used for minor operations and invasive procedures such as fitting IUDs (intrauterine devices).

Supporting patients to live healthier lives

New patients completed a health questionnaire and were asked to attend a health assessment with the practice nurse. The practice offered national screening programmes, vaccination programmes, children's immunisations and long term condition reviews. Health promotion information was available in the reception area and on the website. The practice had links with health promotion services and recommended these to patients, for example, smoking cessation, alcohol services, weight loss programmes and exercise services.

The practice monitored how it performed in relation to health promotion. It used the information from the QOF and other sources to identify where improvements were needed and to take action. QOF information for the period of April 2014 to March 2015 showed outcomes relating to health promotion and ill health prevention initiatives for the practice were comparable to other practices nationally. The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 82% and the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and wrote to patients who did not attend to encourage them to do so.

Childhood immunisation rates for the vaccinations given were comparable to CCG and in some instances above national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% compared to the CCG rates which ranged from 93% to 98% and the national rates which ranged from 73% to 95%. There was a system to ensure that any missed immunisations were followed up with parents or the health visitor.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations to promote privacy. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were kind and caring. Patients described the service as thorough, personal and professional. We spoke with seven patients during the inspection. They said that clinical staff listened to their concerns and treated them with compassion and empathy.

Our discussion with staff indicated their caring approach to patients. For example, the GPs had amended the standard letter sent to patients being referred to secondary care for tests for suspected cancers to provide a more personal tone. In response to the limited palliative nursing services in the area, GPs often made daily home visits to monitor and support these patients. These visits could often be time consuming due to the travelling distance to some rural areas. These visits were therefore sometimes carried out in the GPs own time.

Data from the National GP Patient Survey July 2016 (data collected from July-September 2015 and January-March 2016) showed that patients responses about whether they were treated with respect and in a compassionate manner by clinical and reception staff were comparable to local and national averages for example:

- 93% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 94% said the nurse was good at listening to them compared to the CCG average of 92% and national average of 91%.
- 93% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and national average of 97%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us and comment cards indicated that overall they felt health issues were discussed with them, they felt listened to and involved in making decisions about the care and treatment they received.

Data from the National GP Patient Survey July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were comparable to local and national averages, for example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and national average of 90%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

The practice reviewed the outcome of any surveys undertaken to ensure that standards were being maintained and action could be taken to address any shortfalls.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Translation services were available if needed. There was a hearing loop, braille on signs and a system for visually impaired patients to use the check-in.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. Information about support groups was also available on the practice website. Clinical staff referred patients on to counselling services for emotional support, for example, following bereavement.

Written information was available to direct carers to the various avenues of support available to them. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (approximately 0.7% of the practice list). As a result the Carers Trust had provided these carers with information about support groups and referred them on to support services. The practice was working to identify further carers to ensure they had access to the support services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to improve outcomes for patients in the area. For example, the practice offered a range of enhanced services including, minor surgery, timely diagnosis of dementia, near patient testing for warfarin control, learning disability health checks and influenza and shingles immunisations. The practice was part of a rural network of practices and met monthly with the CCG to discuss commissioning issues relevant to their patient populations. The practice had campaigned for better access to ultrasound for patients and as a result there is now a weekly ultrasound service in the adjacent village of Tarporley. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of their practice populations. For example, they were working on providing advanced contraceptive services across the neighbourhood practices. The practices also shared a daily ward round at Tarporley War Memorial Hospital. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits.

The practice had multi-disciplinary meetings to discuss the needs of palliative care patients and patients with complex needs. The practice had also recently set up monthly meetings with the health visiting service.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- Urgent access appointments were available for children and for any patients with medical needs that required a same day consultation.
- Home visits were made to patients who were housebound or too ill to attend the practice.
- Minor illness clinics with the nurse practitioner were provided.
- In order to improve uptake of the influenza vaccine the practice had increased its advertising campaign, reviewed the patient calling system and also arranged for a Saturday clinic to encourage working patients and patients with limited access to transport to attend.
- The practice, neighbourhood practices and the Patient Participation Group (PPG) had run an information

sharing event for patients to which local charitable services were invited to raise their profile. Following on from this the practice worked with the PPG to publicise transport services such as Dial-A-Ride to help patients with access to appointments.

- The practice has supported and encouraged the PPG to set up a Walking for Health Group. This group has benefitted older and isolated patients.
- The practice ran a men's health clinic for men over 50 to meet the needs of isolated males, such as farmers.
- There were longer appointments available for patients who needed them, for example, for patients with a learning disability or with poor mental health.
- GPs worked with an in-house alcohol counsellor doing joint consultations and support for home detoxification as needed.
- The dispensary staff monitored daily medication for high risk patients to reduce the risk of overdose.
- Patients were able to receive travel vaccinations. The practice was also a designated centre for yellow fever vaccinations.
- Reception staff sign posted patients to local resources such as Pharmacy First (local pharmacies providing advice and possibly reducing the need to see a GP) and the Physio First service (this provided physiotherapy appointments for patients without the need to see a GP for a referral).
- There was a counsellor located at the practice that the clinicians could refer patients to.
- The staff team told us they had received training in dementia awareness to assist them in identifying patients who may need extra support.
- The practice produced a newsletter for patients informing them about any changes at the practice, new developments and services offered.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday allowing early morning and evening appointments to be offered to working patients. Patients could book appointments in person, via the telephone and some appointments could be booked on-line. Repeat prescriptions could be ordered on-line or by attending the practice. Appointments could be booked up to two weeks in advance. All patients requesting an appointment were

Are services responsive to people's needs?

(for example, to feedback?)

assessed through telephone triage by the advanced nurse practitioner. The management team told us how the triage system had been in place since 2001 and was liked by patients as it meant those requesting an urgent or same day appointment always spoke to a clinician on the day of calling. This also improved patient access and provided a more planned approach to patient care. Telephone consultations were also offered. The dispensary was open from 8.30am to 6.30pm and was closed for one hour each day in the afternoon to allow for complex medication requests to be managed.

An extended hour's service for routine appointments and an out of hour's service were commissioned by West Cheshire CCG and provided by Cheshire and Wirral Partnership NHS Foundation Trust. The practice had recently agreed to trial opening the practice at 7am to improve access to the working population.

The practice reviewed access to the service to ensure it met the needs of patients. For example, in order to reduce the numbers of missed appointments the practice had changed the length of time patients could book an advanced appointment with a GP from four to two weeks. The practice was also piloting eConsult a platform that enabled patients to self-manage and consult online with their own GP through their practice website. The benefits of this system included improved access and improved health outcomes through earlier detection of significant symptoms and earlier intervention.

Results from the National GP Patient Survey from July 2016 (data collected from July-September 2015 and January-March 2016) showed that patient's satisfaction with access to care and treatment were above or comparable to local and national averages. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 97% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and national average of 73%.
- 80% of patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 58% and national average of 59%.
- 95% described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards. Patients told us they were able to see a clinician as needed and they appreciated the triage system. We spoke with seven patients during the inspection. They were happy with access to the practice and said they were able to get through to the practice by telephone, could make an appointment that was convenient to them and that they were happy with opening hours.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

There was a written complaints procedure for patients to refer to which was available at the practice. Details of how to complain were in the patient information leaflet and on the practice website. The information available provided details of the timescale for acknowledging and responding to the complaint and of who the patient should contact if they were unhappy with the outcome of their complaint.

The practice kept a record of complaints. We reviewed a sample of complaints received within the last 12 months. Records showed they had been investigated and patients informed of the outcome. The records showed openness and transparency in dealing with complaints.

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

The practice had a statement of purpose which outlined its mission statement, vision and aims and objectives. These were to improve the health, well-being and lives of patients and to work in partnership with patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations. The aims and objectives of the practice were not publicised on the practice website or in the waiting areas. However, the patients we spoke with and comments received indicated that these aims were being achieved in that they were receiving good care and treatment and they were happy with access to the service.

Governance arrangements

There were systems in place to monitor the operation of the service however we found improvements were needed.

Improvements were needed to ensure the premises were safely maintained as an electrical wiring inspection, health and safety assessment of the premises and a legionella risk assessment had not taken place. Following our inspection we were informed of action to be taken to address this.

The central training record for staff showed several gaps in training. The records did not reflect all the training staff told us they had had completed and the practice manager reported that they were working on this to provide an accurate record of all role specific and generic training. The practice manager was new to their post and clear records of training had not been maintained. The records showed not all staff had completed information governance, health and safety, adult safeguarding, child safeguarding, basic life support or fire safety. The training records did not reflect role specific training undertaken such as minor surgery and cytology. Staff told us they had completed this training however there was no system to corroborate this. Following our visit the practice manager told us they would be using the practice's on-line training resource to record training and a plan would be put in place to address training shortfalls.

We also found that the management of significant events needed review to ensure there was a clear recording system detailing the event, investigation, action to be taken and a review to ensure the action had been carried out.

Following the inspection we were informed of action taken to improve this process. This action needs to be reviewed to ensure it is effective. We found that the system for ensuring GPs provide reports for child safeguarding meetings needed to be reviewed as we identified a response had not been made to a request. Following the inspection we were provided with revised guidance about responding to requests for reports for safeguarding meetings however this needs to be reviewed to ensure it is effective.

We found that although safety alerts were disseminated and examples could be given of actions taken this was not recorded. There was inconsistent approach to ensuring alerts were placed on computer records to indicate any concerns about patients' welfare. Following the inspection we were provided with revised guidance about recording alerts. This system should be reviewed to ensure it is effective. A record was not maintained of which clinician pre-printed prescriptions were allocated to ensure the safe management of prescriptions. A system was not in place to identify the medication to be held in GPs bags and to record that it has been checked and is available and in date. Following the inspection we were advised that reminders had been placed on electronic diaries to ensure these checks were carried out. A documented risk assessment was not in place to demonstrate why a Disclosure and Barring (DBS) check was not required for staff who act as chaperones.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. There were clear systems to enable staff to report any issues and concerns.

The practice had a number of policies and procedures in place to govern activity and these were available to staff electronically. A staff handbook was provided to all staff which contained employment policies and procedures such as whistleblowing, equal opportunities, bullying and harassment and disciplinary procedures.

The practice had completed clinical audits and quality monitoring audits to evaluate the operation of the service and the care and treatment given. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance.

Leadership and culture

Are services well-led?

Requires improvement 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings or as they occurred with the practice manager. Staff said they felt respected, valued and supported.

Meetings took place to share information, look at what was working well and where any improvements needed to be made. The practice closed one afternoon per month which allowed for learning events and practice meetings. Clinical staff had meetings to review patients with complex needs and keep up to date with any changes. Arrangements were in place to update colleagues unable to attend these meetings. The practice manager and partner GP met to look at the overall operation of the service and future development.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met four times a year and submitted proposals for improvements to the practice management team. For example, the PPG had recommended that changes be made to the information available in the reception area. They had also recommended that having a podiatrist based at the practice would be beneficial for patients and following unsuccessful attempts to secure funding for this service a private podiatrist was identified. We spoke to one established member of the PPG who said they felt they were listened to and changes had been made to the practice as a consequence.

- The practice sought patient feedback by utilising the Friends and Family test. The NHS friends and family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014.
- The practice gathered feedback from staff through staff meetings and informal discussion. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous improvement within the practice. The practice worked with the local CCG to improve outcomes for patients in the area. The practice was part of a rural network of practices and met monthly with the CCG to discuss commissioning issues relevant to their patient populations. The practice had campaigned for better access to ultrasound for patients and as a result there is now a weekly ultrasound service in the adjacent village of Tarporley. The practice was working with neighbourhood practices and the CCG to provide services to meet the needs of their practice populations. For example the practices were working on providing advanced contraceptive services across the neighbourhood practices. The practice also shared a daily ward round at Tarporley War Memorial Hospital with its neighbourhood practices. This provision meant that patients had access to care and treatment in a timely manner and avoided duplication of visits. The management team were looking at further ways to improve the service such as through the facilitation of secondary care clinics held locally. The practice monitored its service provision and used innovative methods to promote good patient access. For example, the practice was piloting eConsult a platform that enabled patients to self-manage and consult online with their own GP through their practice website. The practice was aware of the challenges it faced and had plans in place to further improve service provision.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• There was not an effective system for ensuring that all staff undertook the training they required for their roles.• There was not an effective system for ensuring GPs provided reports for child safeguarding meetings.• There was not an effective system around the management of significant events to ensure there was a clear recording system detailing the event, investigation, action to be taken and a review to ensure the action had been carried out.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment <ul style="list-style-type: none">• An electrical wiring inspection and a legionella risk assessment had not taken place to demonstrate the premises were safe. A health and safety risk assessment of the premises had not been completed.